

FEES FOR PHYSICIANS' SERVICES.
BY A PHYSICIAN.

That there is a decreasing sense of obligation on the part of the public in reference to the payment of physicians' bills, and a growing feeling among physicians that their services are undervalued, and a just recompense too often refused, cannot be questioned.

For this condition of things the profession itself is largely at fault. Why is it that the bill for medical attendance is the last one to be paid, if paid at all? May not one reason be found in the fact that there is no prearranged rate of compensation, so that the public may know definitely what the charges of a physician will be before his services are asked?

Is it not too often the case that a physician is called to attend a patient, makes the necessary number of visits, and on presenting his bill weeks or months after, is asked for the first time "how much he charges for a visit?"

In no other profession or vocation is there such looseness or entire absence of business habits. The clergyman's salary is fixed when he takes a parish; the lawyer's fee is known to his client in advance; teachers, merchants, mechanics, and even the humblest laborers have each a definite price for their services which is well known by those who employ them. But with the physician, who is claimed by some, that it is lowering to the dignity of the profession to bring the subject of pay into notice early in attendance. Keep on with that notion a while longer and it will be the exception and not the rule to receive anything for medical services. It would not take many years to degrade the profession to a condition that has no parallel in any other sphere of professional or mercantile labor. We should then be the recipients only of such *gifts* as our patients or their friends might choose to bestow for indispensable services.

We claim that it is not lowering to the dignity of the physician, but rather just to both himself and the public, that his charges should be prearranged and known as in other pursuits; for to say nothing of money as the means of support to himself and his family, a doctor's knowledge and skill are his invested capital from which he is entitled a fair return.

But it is a fact, that, as a general rule, the public do not know what the usual and proper fees charged by the physicians in their respective communities are.

As in everything else, so among physicians, all do not adhere to a unity of charges. Taking the average charges by physicians in the New England States; it may be stated that the usual fee charged for ordinary attendance, is from one to three dollars a visit, the time of such visit being understood to be between 6 a. m. and 10 p. m., and the distance within one mile from house or office. For each additional mile, from fifty cents to one dollar extra is charged. For visits during the night or between the hours of 10 p. m. and 6 a. m., a double fee is usually charged. For calls at the office, from fifty cents to a dollar and upwards; medicine may or may not be included. Fees for obstetric and surgical practice are usually enquired into at the time the service is rendered, and often in advance. The charge being known before hand, it is optional with the family whom to employ.

Previous knowledge of the usual charges for ordinary medical attendance, is what is lacking, and the want of such seriously affects the relations and feelings of both patient and physician. The remedy for this evil is to extend this requisite knowledge among all classes. The question naturally arises, how may this be done? To bring this information to patients and the general public, requires only a clear, straight-forward business course. A physician should be a gentleman of course, and he possessed of the instincts and conduct of a gentleman, he will give no offense, whatever method he may adopt.

A spirit of courtesy is as necessary in a physician as in an undertaker, but he has as good a right to have a fixed and recognized price for his labors as the undertaker has to have a set price for the objects of his traffic.

There are several ways in which the knowledge alluded to may be extended. One is for those physicians who are members of a medical society, to have a printed copy of the fee-table of the association, neatly framed and hung in the waiting room of their offices. This table could easily be consulted by those who are waiting their turn to see the doctor, and would also be handy for reference at any time.

Another method, is to have extracts from the fee-table printed on the back of the bill-heads. As such bills are usually preserved, a schedule of charges would always be at hand. Another method of a similar nature, is, for those physicians who have professional cards, giving location of office, residence, office hours, etc., to use the back of them for this purpose.

Again, when a physician is asked what his fee is, he should plainly answer by stating his charges in a clear business-like manner. If he is a member of a medical society, and intends to adhere to the fee-table adopted by the association, then let him announce the fees as they are there represented. On no consideration should he so far forget his relations to brother practitioners as to say, that the fee usually charged by members of the society is so much, but that he shall only charge so much, naming a lesser sum.

If a member of the society, and if, for any reason, he does not choose to ask the full fee, then let him name his own charges, and not slur the society with reference to the fee-table which has been adopted. If a physician is not a member of any society, he is of course at liberty to make his own fee-table.

The existence of fixed prices on the part of physicians, has caused complaint from the public, and jealousy in the profession. The former have thought that a fixed sum was unjust, and that where a difference in fees have occurred, that certain members of the profession were overcharging, while the latter, hearing of alleged under-charging, have felt that there was trickery in the camp, and their only safeguard was being destroyed. This is in part due to the fact that the real spirit of the rule laid down by medical associations is not clearly understood. The following, selected from a copy of the By-Laws of one of the county medical societies in this state, is believed to be a fair representation of such articles. It reads as follows:

FEES.

"A fee-table has a local application, and is designed to indicate a fair or average amount due for services. But if the patient fully understands it beforehand, a physician is at liberty to place any value he sees fit upon his services. It is then at the patient's option to decline them or to pay the price. A physician should be considerate of the poor."

This is the larger text in the article, the smaller being of interest only to the profession. What can be more just to the patient, or fair for the physician?

If the knowledge of a physician's standard charges are of special value to the public, are they not of equal importance to the physician? If from study, experience or superior advantages, he considers his services of special value, how much better for him early in his attendance upon a case to let that value be known. Then if the patient is unable or unwilling to pay the rate charged, he will have an opportunity to call another. This is better than to continue in attendance with no such understanding, and finally, after taking charge of a long and severe illness, to have one's bill refused because it is too large, or to be obliged to make a considerable discount in order to obtain anything. There is no construction of the above clause that prohibits any physician from giving

ing his services to any one whom he may desire.

Finally—We come to a charge in respect to the poor, made against the profession by those who know nothing of what they complain. "A physician should be considerate of the poor" is not only a rule in our by-laws, but is a virtue daily practised by all physicians. It is doubtful if there can be found an exception. Ours has been called a silent profession, and as a rule we prefer to say nothing of our charities, but must meet the column of what we are severe with there may be found physicians who yearly give from a few hundred to several thousand dollars in services. The number of visits made and the miles travelled are not recorded; nor the hours devoted to the suffering poor; nor only as physician, but often in the capacity of nurse as well. This labor is performed in private practice, to say nothing of the care and attention by certain members of the profession which is given to the thousands of poor unfortunates who crowd the dispensaries, hospitals and charitable institutions in our great cities.

We ask no compensation for such labor and expect none. The "God bless you" honestly and reverently offered by those who are recipients of our care, is our reward, and with that we are satisfied.

We do not in this paper advocate the withholding of a single visit or needed attention to the suffering poor and unfortunate. But is it not time that a change be made in the present method of business relations with our patients? If circumstances seem to indicate the necessity or desirability of a reduction or change in our schedule of prices, then a reviving of the fee table should be made, and, having decided upon a fair and just compensation for our services, then by proper means let our rate of charges be made known to the public and adhered to by the profession with the exceptions suggested. In this way we shall obviate many of those unpleasant complaints and insinuations which are now with some show of reason forced upon us.

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